

Steen Library OPSCAN Grading Service Checklist

Instructor Name: _____ Phone: _____

Email Address: _____ Semester/Year: _____

Department/Course/Section:

Please Select the Test Type and Test Number:

Test	Midterm					Final				
1	2	3	4	5	6	7	8	9	10	

Please Select Test Version Number:

1	2	3	4	5	6	7	8	9	10
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Special Information: Unless otherwise indicated, items in [brackets] are the default selections we will use.

Are all the questions worth the same number of points? [YES] NO

How many points each? [1.0] OTHER _____

Is there a subjective part to the test? YES [NO]

Does your answer key have multiple marks for responses? YES [NO]

If YES, how will they be graded? AND [OR]

(AND – ALL marks must be correct, OR – Any single mark is correct.)

Any other Special Key or Printing Instructions: _____

Grader: _____ Date/Time completed: _____

Contact for Test pick up: _____ Date/Time: _____

Test Picked Up by: _____ Date/Time: _____